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Attorney Docket No. EIS-5909B (1417G P 978)

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Martucci, et al.

Application No.: 10/749,101

Confirmation No.: 3167

Filed On: December 30, 2003

Examiner: Unassigned

Art Unit: 3626

For: System and Method for Verifying Medical  
Device Operational Parameters

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. §§ 1.97 AND 1.98**

Dear Sir:

Applicants submit herewith Form PTO-1449, "Information Disclosure Statement." This Application is a continuation-in-part of co-pending U.S. Patent Application Serial No. 10/659,760 filed on September 10, 2003. This application is also a continuation-in-part of co-pending U.S. Patent Application Serial No. 10/424,553 filed on April 28, 2003, which is a continuation-in-part of co-pending U.S. Patent Application Serial No. 10/135,180 filed on April 30, 2002. Foreign and nonpatent references listed with an "\*" were previously submitted in the prosecution of co-pending U.S. Patent Application Nos. 10/135,180 filed on April 30, 2002 and 10/424,553 filed on April 28, 2003 and are not enclosed.

Since this Statement is being filed before the mailing date of a first Official Action on the merits, no fee is necessary.

Attorney Docket No. EIS-5909B (1417GP978)

Please charge any additional fees associated with this Communication or credit any overpayment to our Deposit Account No. 23-0280. A duplicate copy of this paper is enclosed for that purpose.

Respectfully submitted,

Dated: August 6, 2004

By: 

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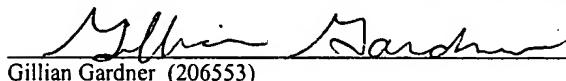
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**CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)**

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Gillian Gardner (206553)



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Examiner Name: Unassigned  
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Application No.: 10/749,101  
Filing Date: December 30, 2003  
First Named Inventor: James P. Martucci  
Art Unit: 3626  
Examiner Name: Unassigned  
Attorney Docket Number: EIS-5909B (1417GP978)

Examiner Initial	(including Author (in capital letters), Title of the article, Title of the item, Date, Pages, Volume-Issue number, Publisher, City and/or Country where published.)	T
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Examiner Signature: \_\_\_\_\_ Date Considered: \_\_\_\_\_

Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

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